

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	161	20591	9/2
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	RT	515	10-05-00
RESPONSE FORMALITY REVIEW	LH	60105	2-28-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	3	3	
2	3	3	
3	3	3	
4	V	V	
5	V	V	
6	V	V	
7	V	V	
8	V	V	
9	V	V	
10	V	V	
11	V	V	
12	V V V	V V V	
13	V V V	V V V	
14	L V V	L V V	
15	L V V	L V V	
16	L V V	L V V	
17	L V V	L V V	
18	L V V	L V V	
19	L	L	
20	V V V	V V V	
21	V V L	V V L	
22	V V V	V V V	
23	L V V	L V V	
24	L V V	L V V	
25	V V V	V V V	
26	V V V	V V V	
27	V V V	V V V	
28	L V V	L V V	
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If more than 150 claims or 10 actions
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